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TALLAHASSEE, FLORIDA

T. CLINE

APR 29 2011

EXAMINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KARL F. CARSON FAMILY INVESTMENTS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHNSON S. SAVARY, JR.

Name of Person

DUNLAP & MORAN, P.A.

Firm/Company

P.O. BOX 3948

Address

SARASOTA, FL 34230

City/State and Zip Code

JSAVARY@DUNLAPMORAN.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHNSON S. SAVARY, JR.

Name of Person

at (941)

366-0115

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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**(Name of the Limited Liability Company as it now appears on our records,
(A Florida Limited Liability Company))**

Page 1 of 2

***If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:**

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	KARL F. CARSON	245 BEARDED OAKS DRIVE SARASOTA, FL 34232	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	KIMBERLY LAPORTE	245 BEARDED OAKS DRIVE SARASOTA, FL 34232	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	BRETT CARSON	245 BEARDED OAKS DRIVE SARASOTA, FL 34232	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated February 7, 2011.

Kimberly D. Laporte
Signature of a member or authorized representative of a member
KARL F. CARSON
Typed or printed name of signee